•		PART B	FEE(S)	TRANSMITTAL			
Complete and send	this form, together w	th approcable f	ee(s), to: ]	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virgi Fax (571)-273-2885	Tatents		
NSTRUCTIONS: This for	m should be used tran	smitting the ISSUE	FEE and I	PUBLICATION FEE (if required fication of maintenance fees we have correspondence address;	ired). Blocks 1 through 5 s vill be mailed to the current	hould be completed where correspondence address as arate "FEE ADDRESS" for	
dicated unless corrected baintenance fee notification	below or directed otherwise as.	in Block I, by (a)	specifying a	new correspondence address,	allwor (b) malesang a sept	or domestic mailings of the	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  21839  7590  04/25/2006  BUCHANAN INGERSOLL PC (INCLUDING BURNS, DOANE, SWECKER & MATHIS) POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404				Fee(s) Transmittal. The	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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ALEXANDIAN, .				(Signature)			
						(Date)	
					ATTORNEY DOCKET NO	CONFIRMATION NO.	
APPLICATION NO.	FILING DATE		IRST NAMEL		ATTORNEY DOCKET NO.		
10/662,041	7/662,041 09/11/2003 Christopher M. C				033938-001	8320	
TTLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING AN ACTIVATION SIGNAL BASED ON A RECEIVED RF SIGNAL							
L DOVAL THEORY	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE	YES	\$700		\$300	\$1000	07/25/2006	
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LATURA A				340-572700	J		
ELE, BENJAMIN C			2 For prin	ting on the patent front page, li	st		
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).			(1) the names of up to 3 registered patent attorneys 1Buchanan Ingersoll				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to				
. ASSIGNEE NAME ANI	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	(print or type)		1 Land Clad Con	
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Please check the appropriat	te assignee category or category	ories (will not be pri	nted on the p	oatent): 🔲 Individual 🔲 C	Corporation or other private gr	roup entity Government	
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Advance Order - # o	of Copies		The Dire Deposit	ctor is hereby authorized by cha Account Number 02-4800	arge the required fee(s), or cr enclose an ext	tra copy of this form).	
5. Change in Entity Statu	s (from status indicated abov	e)					
a. Applicant claims	SMALL ENTITY status. See	37 CFR 1.27.	b. Applie	cant is no longer claiming SMA	LL ENTITY status. See 3/	eation identified above.	
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Typed or printed name James A. LaBarre				Relistration	%. <u>28,632</u>	390.00 OP	
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